

REMARKS

Prior to this Supplemental Amendment, Claims 1-35 were pending in the application. By this Supplemental Amendment, Applicants have amended Claims 1, 15, 28, and 35 and added new Claims 36-39. No new matter has been added by the Amendment. Reexamination and reconsideration in view of the amendments and remarks contained herein are respectfully requested.

I. Interview Request

Applicants again thank the Examiner and her supervisor for preparing and conducting the interview on August 30, 2005. It was agreed during the interview that the Examiner would not issue another action on the merits of this Supplemental Amendment until another interview is held. The Examiner and her supervisor instructed Applicants to call the Examiner after filing this Supplemental Amendment in order to schedule an interview for early October 2005. Applicants will call the Examiner as requested.

II. Claim Rejections – 35 U.S.C. § 102(e)

Claims 1-2, 6-17, 22-29, and 33-34 stand rejected under 35 U.S.C § 102(e), as being anticipated by United States Published Application No. 2002/0065758 assigned to Henley (hereinafter referred to as “Henley”).

A. Claim 1

In the previous amendment filed July 25, 2005, Applicants asserted that Henley does not teach or suggest “providing a case statement template...,” as recited in Claim 1. However, in order to expedite the prosecution of this case and based on the discussion with the Examiner and her supervisor during the interview of August 30, 2005, Applicants have amended Claim 1 to include “a case statement template having a **basic information section** for specifying an identifier of the case statement, contact information of the patient, and health insurance information of the patient and a **clinical information section** for specifying a category of a procedure, a specific procedure, a complaint of the patient, and past medical history of the patient.”

As previously noted, Henley discloses registering a prospective purchaser of services using registration forms and then allowing the prospective purchaser of services to “enter a ‘posting’ database where procedures for bidding are made available to bidders and providers can post their services and their specific requirements/conditions” (paragraph 120). Henley also discloses registering a buyer and then allowing the registered buyer to post a purchase offer, which includes “a medical service the buyer wishes to acquire” and a proffered price, “to a ‘services wanted’ bidding database” (paragraph 104). Henley also discloses identifying a location (e.g., a city or state) where a “particular medical service is to be rendered” (paragraph 105). The “services wanted” bidding database is “accessible to a plurality of registered providers of medical services” (paragraph 104).

Clearly, Henley does not disclose “providing a case statement template having a basic information section for specifying an identifier of the case statement, contact information of the patient, and health insurance information of the patient and a clinical information section for specifying a category of a procedure, a specific procedure, a complaint of the patient, and past medical history of the patient,” as recited in amended Claim 1.

Therefore, for at least the reasons set out above, independent Claim 1 and dependent Claims 2-14, which depend on Claim 1, are allowable.

B. Claim 15

In the previous amendment filed July 25, 2005, Applicants also asserted that Henley does not teach or suggest “generating de-identified case statements” as recited in Claim 15. However, in order to expedite the prosecution of this case and based on the discussion with the Examiner and her supervisor during the interview of August 30, 2005, Applicants have amended Claim 15 to include “a case statement template having a basic information section for specifying a unique identifying information for uniquely identifying the patient, the case statement template further having a clinical information section for specifying a category of a procedure, a specific procedure, a complaint of the patient, and past medical history of the patient.”

As described above with respect to Claim 1, Henley does not disclose “providing a case statement template having a basic information section...and a clinical information section,” as recited in amended Claim 15.

As also described above, Henley discloses registering a prospective purchaser of services and posting a purchase offer on a “services wanted” bidding database accessible to a plurality of registered providers of medical services. Henley **does not** disclose filtering or removing information from a purchase offer before posting the purchase offer to the “services wanted” bidding database. Therefore, Henley does not disclose “a case statement engine for generating de-identified case statements based on the case statement information, the de-identified case statements excluding the unique identifying information,” as recited in amended Claim 15.

Pending Claim 11 of the present application, which depends on Claim 1, includes similar de-identifying elements as included in amended Claim 15. Previously, the Examiner rejected Claim 11 under 35 U.S.C § 102(e), citing that “Henley shows that preparing registration information includes accessing a qualifier database that stores the identification of medical service providers having satisfied a particular qualifying requirement” (paragraph 94, lines 6-10 of Henley). However, the qualifier database disclosed by Henley does not disclose “filtering unique identifying information” as recited in Claim 11 or “generating de-identified case statements” as recited in amended Claim 15. The qualifier database disclosed by Henley merely “includes every service listed in the menu of medical services and the licensing requirements for providing the particular service, and hyperlinks to databases storing the identification of medical service providers having satisfied a particular qualifying requirement” (paragraph 94), and does not provide any mechanism for filtering or removing identifying data from registration information or from a purchase offer posted by a prospective buyer.

Therefore, for at least the reasons set out above, independent Claim 15 and dependent Claims 16-27, which depend on Claim 15, are allowable.

C. Claim 28

In the previous amendment filed July 25, 2005, Applicants further asserted that Henley does not teach or suggest “case statement profile criteria configured to limit the statements to be made available to a contracting healthcare service provider” as recited in Claim 28. However, in order to expedite the prosecution of this case and based on the discussion with the Examiner and her supervisor during the interview of August 30, 2005, Applicants have amended Claim 28 to include “providing a case statement template having a basic information section for specifying an identifier of the patient and health insurance information of the patient and a clinical

information section for specifying a category of a procedure, a specific procedure, a complaint of the patient, and past medical history of the patient.” Applicants have also amended Claim 28 to include “establishing **profile criteria** for each of the plurality of contracting health service providers” (rather than “establishing **case statement profile criteria**”) in order to further clarify the use of profile criteria.

The specification of the present application describes that “to help ensure that the healthcare service provider receives case statements for procedures it is capable of performing or desires to perform, the invention includes a case statement filter, which is manifested to the service provider as a profile tab 600” (page 15, lines 24-27). The specification further describes the profile tab 600 as including a “plurality of procedural/medical areas 604 with a plurality of associated selectors 606” (page 15, lines 29-30). The service provider selects an associated selector for each procedural/medical area in which the service provider wishes to receive case statements. The service provider may also use a distance selector to indicate whether the service provider “will limit its review of case statements to those from patients who live within a certain distance of the healthcare provider” (pages 15-16, lines 30-5). Furthermore, the “healthcare provider may also limit or select case statements by the type of insurance the patient carries” (page 16, lines 6-7).

The portion of Henley previously referenced by the Examiner (paragraph 104, lines 1-10) as teaching “establishing [case statement] profile criteria for each of a plurality of contracting healthcare service providers,” specifies registration forms for providers of services and buyers of services. The registration forms of Henley merely provide a mechanism for a provider of services to list his or her “qualifications” for providing services and provide a mechanism for a buyer of services to list his or her “credit worthiness.” Therefore, registration forms as disclosed in Henley do not teach or suggest “establishing profile criteria...,” as recited in Claim 28.

Furthermore, Henley discloses allowing “registered” service providers to access the “posting” database, but, once a service provider is registered, Henley **does not** disclose filtering or limiting access to particular case statements based on profile criteria. Therefore, merely restricting “unregistered” service providers from accessing a “posting” database, as taught in Henley, does not disclose “making a case statement available to each contracting healthcare service provider whose profile criteria matches the case statement,” as recited in Claim 28.

As pointed out by the Examiner's supervisor during the interview of August 30, 2005, Henley discloses a bidder (i.e., a prospective patient) providing a complexity rating "that allows a bidder to communicate to a proffered service provider a scale value that is at least somewhat indicative of the degree to which undisclosed pre-existing/concurrent personal medical conditions may affect the proffered service" (paragraph 127). Henley further discloses that "[o]nce a patient/physician relationship is actually established, the selected complexity rating is later used by the transaction system in computing an adjustment to the bid price" (paragraph 127). Clearly, Henley teaches using the complexity rating for informational and billing purposes after a physician has accepted a bid and established a patient/physician relationship with the bidder, and does not teach "limiting case statements made available to a contracting healthcare service provider," as recited in amended Claim 28.

Therefore, for at least the reasons set out above, independent Claim 28 and dependent Claims 39-34, which depend on Claim 28, are allowable.

D. Claim 35

Based on the interview of August 30, 2005, Claim 35 has also been amended to include "providing, via a patient terminal, a case statement template having a basic information section for specifying an identifier of the patient, a referring physician section for specifying a name of a referring physician of the patient, and a clinical information section for specifying a category of a procedure, a specific procedure, a complaint of the patient, and past medical history of the patient."

As described above with respect to Claim 1, Henley does not disclose providing a "case statement template having a basic information section...and a clinical information section," as recited in amended Claim 35.

Furthermore, Henley does not disclose providing a case statement template having "a referring physician section for specifying a name of a referring physician of the patient," as recited in amended Claim 35.

Henley merely discloses a buyer selecting "a medical service that the buyer wishes to acquire" and proffering "a purchase price for the medical service" (paragraph 104). Henley also

discloses identifying a location (e.g., a city or a state) where a “particular medical service is to be rendered.” Clearly, Henley does not disclose “a referring physician section for specifying a name of a referring physician of the patient,” as recited in amended Claim 35.

Pending Claim 21 of the present application, which depends on Claim 15, includes similar referring physician template elements, as included in Claim 35. Previously, the Examiner recognized that Henley did not disclose a “referring physician template,” but rejected Claim 21 under 35 U.S.C § 103(a), as being unpatentable over Henley in view of U.S. Patent No. 5,519,607 issued to Tawil (hereinafter referred to as “Tawil”).

Tawil discloses “an automated health benefit processing system which includes a database and processing means for performing processing health benefit claims that result when an insured seeks medical services. The database lists, for each geographic area and for each medical procedure which can be performed...the benefit payable if the designated medical procedure is prescribed and performed, a list of providers available to perform the designated procedure and each provider’s charge for performing the designated procedure” (col. 1, lines 41-50).

Tawil also discloses that “[w]hen medical services are required by an insured patient,...[a] physician generates a treatment plan for the insured patient” (col. 3, lines 45-53). The treatment plan includes information entered by the physician and information retrieved from the database. “The retrieved information includes a list of providers able to perform [services]...and their prices for doing so” (col. 4, lines 25-27). “The treatment plan and the appended provider information...[are made] available for review by the patient to assist the patient’s decision making process” (col. 4, lines 55-57).

The Examiner interpreted the “list of providers” disclosed in Tawil to be a form of a “referring template.” However, contrary to the Examiner’s interpretation, the “list” disclosed in Tawil merely lists physicians available to perform a particular procedure and does not teach or suggest “a referring physician section for specifying a name of a referring physician of the patient,” as recited in amended Claim 35.

Therefore, for at least the reasons set out above, Claim 35 is allowable.

IV. Claim Rejections – 35 U.S.C. § 103(a)

A. Claims 4-5, 19-21, and 31-32

Claims 4-5, 19-21, and 31-32 stand rejected under 35 U.S.C. § 103(a), as being unpatentable over Henley in view of Tawil. In light of the deficiencies of Henley set out above, none of which is remedied by Tawil, Applicants submit that the proposed combination of Henley and Tawil does not meet all of the claim limitations of Claims 4-5, 19-21, and 31-32.

As noted, Tawil is directed to assisting the decision making process of a patient by generating a list of providers available to perform a designated procedure. Tawil, however, does not teach “providing, via a patient terminal, a case statement template,” “transmitting case statement information specified in the case statement template over a network,” “preparing a case statement based on the case statement information,” and “delivering the case statement to at least one contracting healthcare service provider,” as recited in Claim 1, from which Claims 4-5 depend. Tawil also does not teach “a case statement engine for generating de-identified case statements based on...case statement information, the de-identified case statements excluding...unique identifying information,” as recited in Claim 15, from which Claims 19-21 depend. Furthermore, Tawil does not teach “establishing profile criteria for each of the plurality of contracting healthcare service providers,” as recited in Claim 28, from which Claims 31-32 depend. Thus, the combination of Henley and Tawil does not teach the subject matter of the independent claims of the present application.

Accordingly, Claims 4-5, which depend on independent Claim 1, are allowable for at least the reasons set out above with respect to Claim 1. Claims 19-21 depend on independent Claim 15 and are allowable for at least the reasons set out above with respect to Claim 28. Claims 31-32 depend on independent Claim 28 and are allowable for at least the reasons set out above with respect to Claim 28. Claims 4-5, 19-21, and 31-32 also include additional patentable subject matter not specifically discussed herein.

B. Claims 3, 18, and 30

Claims 3, 18, and 30 stand rejected under 35 U.S.C. § 103(a), as being unpatentable over Henley in view of Tawil and further in view of U.S. Patent No. 6,584,445 issued to Papageorge

(hereinafter referred to as “Papageorge”). In light of the deficiencies of Henley set out above, none of which is remedied by Tawil or Papageorge, Applicants submit that the proposed combination of Henley, Tawil, and Papageorge does not meet all of the claim limitations of Claims 3, 18, and 30.

Papageorge discloses “[a] computerized health evaluation system for joint patient and physician decision making concerning particular medical diseases and conditions. The system includes a computer system with a patient input module for patient input of patient data concerning the patient's lifestyle and preferences, a physician input module for physician input of physical and physiological data, and a database of the latest medical findings concerning the particular disease and condition. The computer system uses an algorithm for weighing the patient data and the physician data in view of the database and generating a report setting forth various treatment options. Based upon the report, the patient and physician will jointly decide on a treatment approach” (abstract).

Papageorge, however, does not teach “providing, via a patient terminal, a case statement template,” “transmitting case statement information specified in the case statement template over a network,” “preparing a case statement based on the case statement information,” and “delivering the case statement to at least one contracting healthcare service provider,” as recited in Claim 1, from which Claim 3 depends. Papageorge also does not teach “a case statement engine for generating de-identified case statements based on...case statement information, the de-identified case statements excluding...unique identifying information,” as recited in Claim 15, from which Claim 18 depends. Furthermore, Papageorge does not teach “establishing profile criteria for each of the plurality of contracting healthcare service providers,” as recited in Claim 28, from which Claim 30 depends. Thus, the combination of Henley, Tawil, and Papageorge does not teach the subject matter of the independent claims of the present application.

Accordingly, Claim 3, which depends on independent Claim 1, is allowable for at least the reasons set out above with respect to Claim 1. Claim 18 depends on independent Claim 15 and is allowable for at least the reasons set out above with respect to Claim 28. Claim 30 depends on independent Claim 28 and is allowable for at least the reasons set out above with

respect to Claim 28. Claims 3, 18, and 30 also include additional patentable subject matter not specifically discussed herein.

V. New Claims

a. **New Claim 36**

New Claim 36 recites a method of obtaining healthcare services, the method comprising, among other things, “entering, via a terminal, case statement information into a case statement template, the case statement template having a basic information section for specifying an identifier of the case statement, contact information of the patient, and health information of the patient and a clinical information section for specifying a category of a procedure, a specific procedure, a complaint of the patient, and past medical history of the patient.”

As described above, Henley does not teach “a case statement template having a **basic information section** for specifying an identifier of the case statement, contact information of the patient, and health insurance information of the patient and a **clinical information section** for specifying a category of a procedure, a specific procedure, a complaint of the patient, and past medical history of the patient.”

Therefore, for at least the reasons set out above, new Claim 36 is allowable.

a. **New Claim 37**

New Claim 37 recites a method of obtaining information about at least one healthcare service provider. The method comprises, among other things, “entering, via a terminal, case statement information into a case statement template, the case statement template having a basic information section for specifying characteristics of an individual and health insurance information of the individual and a clinical information section for specifying a category of a procedure and past medical history of the individual.”

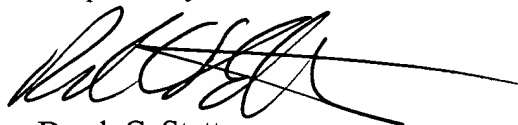
As described above, Henley does not teach “a case statement template having a **basic information section** for specifying...health insurance information...and a **clinical information section** for specifying...past medical history...,” as required by new Claim 37.

Therefore, for at least the reasons set out above, new Claim 37 and dependent Claims 38 and 39, which depend from Claim 27, are allowable.

VI. CONCLUSION

In view of the above, allowance of pending Claims 1-39 is respectfully requested. As previously noted, the Applicants also request a telephone interview to be held before the Examiner prepares a response to this communication.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Derek C. Stettner', with a long horizontal line extending to the right.

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